# **Employee Participation**

- Written plan of action regarding the implementation of the employee participation required by this section. [68.83(a)]
- Consult with employees and their representatives on the conduct and development of process hazards analyses and on the development of the other elements of process safety management in chemical accident prevention provisions. [68.83(b)]
- The owner or operator shall provide to employees and their representatives access to process hazards analyses and to all other information required to be developed under the chemical accident prevention rule. [68.83(c)]

## **Hot Work Permit**

 Permit for each hot work operation conducted on or near a covered process. [68.85(a)]

The permit shall document that the fire prevention and protection requirements in 29CFR 1910.252(a) have been implemented prior to beginning the hot work operations? [68.85(b)]

- The permit shall indicate the date(s) authorized for hot work and the object(s) upon which hot work is to be performed? [68.85(b]
- The permits shall be kept on file until completion of the hot work operations?
  [68 85(b)]

#### UF HOT WORK PERMIT

This Hot Work Permit is required for any operation involving open flames or producing heat and/or sparks and must be completed by a Competent Hot Work Supervisor (CHWS) and posted at the site. Hot Work includes, but is not limited to: Brazing, Torch Cutting, Grinding, Soldering, and Welding. If the required precautions cannot be met, Hot Work is not permitted.

HOT WORK				]   🗆	Combustible floors wet down,
	RACTOR				covered with damp sand or fire-
DATE:		WO#		_	resistant sheets.
Brill Biblio	T. D. D. #	D0011#10	0.177037		Remove other combustibles where
BUILDING.	NAME, BLDG #,	, ROOM #, LO	CATION		possible. Otherwise protect with
				]	fire-resistant tarpaulins, screens or
NATURE O	F JOB				shields.
					All wall and floor openings covered.
					Fire-resistant tarpaulins suspended
NAMEOFE	HOT WORK OPE	ERATOR		1   -	beneath elevated hot work.
	ioi moiacoii				
				l we	rk on walls or ceilings/enclosed equipment
					Construction is noncombustible and without
	ove location has b e Required Precau				combustible covering or insulation.
	ent fire, and permi				Combustibles on other side of walls
	OMPETENT HO			1   □	
(CHWS)					moved away.
(,				⊔	No danger exists by conduction of heat into
Contact #		Fa×#		_	another room or area
PERMIT	DATE	TIM	OAM.	1   🗆	Enclosed equipment cleaned of all
REQUEST			OPM	_	combustibles.
PERMIT	DATE	TIME	. ⊙AM	1   🗆	Containers purged of flammable liquids
EXPIRES			OPM		and vapors.
SIGNATUR	E OF CHWS			1	
To	be signed dur	rina inenactio	n	Fire	e watch/hot work area monitoring.
		ing inspection	""		Fire watch will be provided during and
EH&S Appr	oval				continuously for 30 minutes after work,
					including during any work breaks.
					Fire watch is supplied with suitable
				'   _	extinguishers.
REOU	IRED PRECA	TITIONS C	HECKLIST	-   🗆	Fire watch is trained in use of this equipment
Approve			III CIRLIOI	<del>-</del>	and in sounding alarm.
Expiratio				$\dashv$ $\vdash$ $\vdash$	Fire watch may be required for adjoining
Notes:	II Date	_		$\dashv$ $\vdash$	areas, above and below.
TVOICES.					Hot work area inspected 30 minutes after
					job is completed.
					Job is completed.
-				_	ar presentions Taken
	vilabla annimbla	va basa stras		===	her precautions Taken
	iilable sprinkle				Confined space entry permit required.
	extinguishers				
	work equipme		pair.		Area is protected with smoke or heat
	ments within		,	_	detection.
	nmable liquids		a		Ample ventilation to remove smoke/vapor
	leposits remov		_		from work area.
	losive atmospl				Lockout/tagout required.
	ors swept clean		oles.		Comments:
Cor	nbustible floor	s wet down,			

FAX TO EH&S @352-392-6367 PRIOR TO 8:00AM OF PERMIT REQUEST DATE
This Permit was developed for compliance with:
EH&S HOT WORK SAFETY POLICY UFEHS-SAFE1-07/22/2003

## Contractors

- Obtain and evaluate contract owner or operator's safety performance and programs prior to selection [68.87(b)(1)]
- Inform the contract owner or operator of the known potential fire, explosion, or toxic release hazards related to the contractor's work and the process. [68.87(b)(2)]
- Explain to the contract owner or operator the applicable provisions of the emergency response or the emergency action program. [68.87(b)(3)]
- Develop and implement safe work practices consistent with §68.69(d), to control the entrance, presence, and exit of the contract owner or operator and contract employees in the covered process areas. [68.87(b)(4)]

# OSHA / WISHA Report Forms

OSHA's Form 300

#### Log of Work-Related Injuries and Illnesses

The mast spaced interestion than the proceedings at the first than the space of the property of the process of

Attentions: This form contains information rotating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

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Formap proved ONE Se o. 1818-1829

and then first for the figure of the figure have. Nymint national substituted what is retranslated will your local CSMA will be help. Describe the case Classify the case Uning these four categories, check ONLY the mosts of our result for each case; Checklike Trjuy" column or Job date charge one type of library Date of injury Wheretheerest coxtred Describe injury or illness, parts of body affected, Employee's name (eg., Witter) ing . Lossing decknottises() and object what more than directly injured or made person \$1 dilloos (e.g., Second degree in run on right form run from morbines toroit) Other records transfer. 

Public reporting for the first describe that of information is entered to correspond to income per response, including the expert to income some content of the income of

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(0) (2) (2) (4) (6)

### Workers Compensation experience rating report

Coverage Period													
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)						
(') Effective Month/Day/ Year	Expiration Month/Day/ Year	Class Code	( <del>4)</del> Payroll	Claim Identification Number Assigned	Injury Type Code	Open/Closed -Final (O/F)	Incurred Losse (Paid plus Reserves)						
			·										

PLEASE FOLLOW THE INSTRUCTIONS ON THE BACK PAGE FOR COMPLETING THIS WORKSHEET, AND RETURN IT TO NCCI PRIOR TO THE RATING EFFECTIVE DATE.

ERM-6 (Rev. 12/03)

Page 1 of 2

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# BP Texas City Explosion 15 fatalities

